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23557 7590	01/30/2009	ANCHIN		C	ertificate	of Mailing or Transi	nission	
				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
GAINESVILLE, FL 32614				N/A - filed EFS (Depositor's name)				
TEL: (352) 375-8100 FAX: (352) 372-5800				(Signature)				
		April 29	pril 29, 2009 (Date)					
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	ATTO	NEY DOCKET NO.	CONFIRMAT	ION NO.
09/266,346 03/11/1999		JACK L. ARONOW		ITZ	Z		RO.104 5679	
TITLE OF INVENTION: NONINVASIVE TRANSDERMAL SYSTEMS FOR DETECTING AN ANALYTE IN A BIOLOGICAL FLUID AND METHODS								
APPLN. TYPE SMA	ALL ENTITY IS	SUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISS	UE FEE	TOTAL FEE(S) DUE	DATE	DUE
nonprovisional	YES	<b>\$</b> 755	\$0	\$0		\$755	04/30/	/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS					
WINAKUR, ERIC FRANK		3768	600-310000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Saliwanchik, Lloyd  L & Saliwanchik  3					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  JACK L. ARONOWITZ  Pompano Beach, FL  Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government								
Please check the appropriate assi	gnee category or catego	ries (will not be pr	inted on the patent):	☐ Individual ☐	Corporati	on or other private gro	up entity 🗀 (	Jovernment
4a. The following fee(s) are subn    Same   Same	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached:  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).							
5. Change in Entity Status (from a. Applicant claims SMAL	L ENTITY status. See	37 CFR 1.27.				TITY status. See 37 CI		
NOTE: The Issue Fee and Public interest as shown by the records of	ation Fee (if required) of the United States Pat	rill not be accepte ent and Trademark	d from anyone other the	nan the applicant; a re	gistered a	attorney or agent; or th	e assignee or o	ther party in
Authorized Signature	avid fo	rliwan	dil	Date	pril	29, 2009		
	David R. Sali		<del></del>	Registration				
This collection of information is an application. Confidentiality is submitting the completed applications for mand/or suggestions for Box 1450, Alexandria, Virginia 2313-1450. Under the Paperwork Reduction								to process) eparing, and to complete imerce, P.O. ). Box 1450,